

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE


# REPORT OF RECEIPTS AND DISBURSEMENTS

## 2010 Non-Judicial Election

RECEIVED

JAN 25 2011

Campaign Finance  
Secretary of State

DATE STAMP

Name of Candidate FRANCES FREDERICKSAddress 3500 Meadowlark Drive, Gulfport, MS 39501Telephone 228-864-9319

Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Office Sought Representative District 119

Political Party \_\_\_\_\_



Check here if above is different from previous report

TYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- XX January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and  
Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,850.00\$	\$ 2,850.00	\$ 2,850.00
Total amount of disbursements	\$ 3,158.40\$	\$ 3,158.40	\$ 3,158.40
Total amount of cash on hand		\$ 16,731.87	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

January 25, 2011

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-389-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee FRANCES FREDERICKS  
 Reporting period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full name NOVARTIS PHARMACEUTICALS CORP.	1 / 11 / 10	\$ 250.00
Mailing Address One Health Plaza	_ / _ / _	\$
City, State, Zip Code East Hanover, NJ 07936-1080	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name MISS LUPAC	1 / 11 / 10	\$ 200.00
Mailing Address P. O. Box 13649	_ / _ / _	\$
City, State, Zip Code Jackson, MS 39236	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name MISS ASSOCIATION FOR HOMECARE	1 / 11 / 10	\$ 300.00
Mailing Address 134 Fairmont St., Suite B	_ / _ / _	\$
City, State, Zip Code Clinton, MS 39056	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name ABBOTT LABORATORIES	1 / 11 / 10	\$ 275.00
Mailing Address 100 Abbott Park Road	_ / _ / _	\$
City, State, Zip Code Abbott Park, IL 60064-6028	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 275.00

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Name of Candidate or Committee FRANCES FREDERICKS  
 Reporting period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T MISS POLITICAL ACTION COMMITTEE</u>		<u>8 / 31 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital St., Landmark Center Room 703</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PJ UMBDENSTOCK, DBA LOCKSMITH &amp; SECURITY</u>		<u>8 / 31 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>2407 - 19th Street</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISS DENTAL PAC</u>		<u>8 / 31 / 10</u>	\$ <u>500.00</u>
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTRAZENECA SERVICES</u>		<u>10 / 16 / 10</u>	\$ <u>400.00</u>
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>

Page 4 of 7Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2010 through 12/31/2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>10 / 26 / 2010</u>	\$ <u>200.00</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ABBOTT LABORATORIES</u>		<u>11 / 1 / 10</u>	\$ <u>325.00</u>
Mailing Address <u>100 Abbott Park Road</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Abbott Park, IL 69064-6028</u>		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>325.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  /  /  </u>	\$
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  /  /  </u>	\$
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

A. Full name	JACKSON CHAPTER OF JACK & JILL, INC.?	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1 / 7 / 2010	\$ 150.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional) AD		Aggregate Year-to-date	\$ 150.00
B. Full name	ST. JOHN BAPTIST CHURCH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1 / 11 / 2010	\$ 1,000.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional) donation		Aggregate Year-to-date	\$ 1,000.00
C. Full name	HARRISON COUNTY DEMOCRATIC PARTY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1 / 11 / 10	\$ 50.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional) DONATION - tickets		Aggregate Year-to-date	\$ 50.00
D. Full name	EASTER B. LEE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11522 Lafitte Place	1 / 11 / 10	\$ 500.00
City, State, Zip Code	Gulfport, MS 39503	__ / __ / __	\$
Purpose of Disbursement (Optional) Bookkeeping/report filing		Aggregate Year-to-date	\$ 500.00
E. Full name	JAMILAH PERKINS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		4 / 8 / 10	\$ 100.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional) donation		Aggregate Year-to-date	\$ 100.00
F. Full name	EULA CROWELL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		4 / 8 / 10	\$ 50.00
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional) DONATION		Aggregate Year-to-date	\$ 50.00

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2010 through 12/31/10

## ITEMIZED DISBURSEMENTS

A. Full name	FRANCES FREDERICKS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5 / 18 / 10</u>	\$ 148.40
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	REIMBURSEMENT	Aggregate Year-to-date	\$ 148.40
B. Full name	FRANCES FREDERICKS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5 / 18 / 10</u>	\$ 200.00
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	GRADUATION GIFTS	Aggregate Year-to-date	\$ 200.00
C. Full name	NORTH GULFPORT CIVIC CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>8 / 25 / 10</u>	\$ 80.00
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	ANNUAL TEA	Aggregate Year-to-date	\$ 80.00
D. Full name	NORTH GULFPORT CIVIC CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>8 / 25 / 10</u>	\$ 300.00
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Walk for Health	Aggregate Year-to-date	\$ 300.00
E. Full name	FRANCES FREDERICKS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>9 / 8 / 10</u>	\$ 80.00
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	North Gulfport Civic Club	Aggregate Year-to-date	\$ 80.00
F. Full name	COMMITTEE TO RE ELECT JUDGMENT MIDCALF	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>9 / 12 / 10</u>	\$ 100.00
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Contribution	Aggregate Year-to-date	\$ 100.00

Name of Candidate or Committee FRANCES FREDERICKSReporting period 1/1/2010 through 12/31/2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SAMMIE TAYLOR		
Mailing Address	<u>9/17/10</u>	\$ 100.00
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 100.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MT. ZION UNITED BAPTIST CHURCH		
Mailing Address	<u>10/6/2010</u>	\$ 50.00
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 50.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
RUNNING WATER BAPTIST CHURCH		
Mailing Address	<u>10/26/10</u>	\$ 100.00
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Full Page AD	Aggregate Year-to-date	\$ 100.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FEED MY SHEEP		
Mailing Address	<u>10/26/10</u>	\$ 150.00
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 150.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$